FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If ty over the lines	rpying, type 12FE4M5
Young Voters		
ADDRESS (number and	street) Postal Box 1855	
X (Check if add is changed)	ress Glendale	
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS	
joe@joecobb.	com 	
		<u></u>
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
1		
COMMITTEE'S FAX NUMBER		
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION NUMBER C C00435818		
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete		
Type or Print Name of Treasurer Joe Cobb		
Signature of Treasurer Electronically Filed by <b>Joe Cobb</b> Date  D		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS		
Office Use Only	Federal   Toll Free	rer information contact: Election Commission 9 800-424-9530 2-694-1100  FEC FORM 1 (Revised 12/2007)

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